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Foreword—Combat Prehospital Resuscitation

Considering the spectrum of combat casualty care, from point of wounding to rehabilitation, prehospital treatment technology has not kept pace with advances in other areas. When responding to the most common cause of potentially survivable but often fatal injury (penetrating truncal trauma),[1,2] the medic on today's battlefield has treatment options that are defined by currently available technology.

Penetrating truncal injury is often associated with noncompressible torso hemorrhage, the initial management of which is limited to the replacement of intravascular volume in an attempt to avoid ischemia and exsanguination before surgical hemostasis. The importance of injury-induced hypovolemia and the current technological limitations of prehospital resuscitation necessitate the reappraisal of resuscitative fluid strategies that was conducted during this conference.

Almost a decade has passed since the last civilian-military fluid conference, and our goal with this symposium is to review data on any new potential fluids, which may offer an advantage over those currently in use. An additional objective of this conference is to aid in the refinement and focus of ongoing research efforts in this field. As the consensus conclusions of this symposium will reveal, freeze-dried plasma (FDP) may be the next generation of improved resuscitation fluids. Although the US Military infused FDP in World War II on the beaches of Normandy, the military does not have this option available today. In the context of this paradox, prehospital fluid replacement with FDP may represent a trip "back to the future" in the cause of improving the care of the combat casualty.

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